

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004657

1. Entity Name

VILLAS AT COCONUT SHORES OWNERS ASSOCIATION, INC

Principal Place of Business

3250 COCONUT RD.
BONITA SPRINGS FL 34134

Mailing Address

3250 COCONUT RD.
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SWALM, MURRELL & SAMOUCÉ, P.A.
2375 TAMiami TRAIL NORTH SUITE 308
NAPLES FL 34103

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOOLIHAN, TOM
STREET ADDRESS 3250 COCONUT RD
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME MORELLO, STEVEN
STREET ADDRESS 3250 COCONUT RD
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME KOEING, LORI
STREET ADDRESS 3250 COCONUT RD.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME CINDY CRAWFORD
STREET ADDRESS 8001 VINTAGE PKWY
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF TOM HOOLIHAN

5/1/01

94-267-3700

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91283 038 *****61.25

00066713



DO NOT WRITE IN THIS SPACE

59-3669455

CR2E037 (10/00)

0073295